



## ALARM BUSINESS CHECKLIST

### **PRIMARY ALARM BUSINESS APPLICATIONS**

- \_\_\_\_\_ Signed and completed Chandler Police Department Alarm Business License Application.
- \_\_\_\_\_ Proof of Age (each controlling person must submit a clear copy of a Driver's License or other government issued ID with picture)
- \_\_\_\_\_ Each-controlling person must submit one set of fingerprints for a background check. You may come down in person and have your prints taken at no charge or have your fingerprints taken at the nearest Police Department. Your fingerprints must be done on an Applicant Fingerprint Card, FD-258 form. Call to make an appointment if prints are being done at Chandler PD.
- \_\_\_\_\_ Each-controlling person must submit 2 current photos (must be 2"x2") or have their picture taken at Chandler PD.
- \_\_\_\_\_ Agent List – persons who install, repair, maintain, etc. – Supplement Form attached.
- \_\_\_\_\_ Location List – names of all cities, towns, and municipalities in Arizona where you do business.
- \_\_\_\_\_ Copy of Articles of Incorporation (if company is incorporated)
- \_\_\_\_\_ Copy of Contractors License (unless Handyman Clause applies)
- \_\_\_\_\_ Copy of State Transaction Privilege Tax License (issued by Arizona Department of Revenue)
- \_\_\_\_\_ Copy of City of Chandler Transaction Privilege Tax License (call 480-782-2280 to obtain an application)
- \_\_\_\_\_ Fees: **\$200.00** New Application Fee **PLUS \$29.00** background investigation fee for each person being fingerprinted. (Checks must be made payable to the Chandler Police Department)

### **FOR RECIPROCAL ALARM BUSINESS APPLICATIONS**

- \_\_\_\_\_ Signed and completed Chandler Police Department Alarm Business License Application
- \_\_\_\_\_ Proof of Age (each controlling person must submit a clear copy of a Driver's License or other government issued ID with picture)
- \_\_\_\_\_ Agent List – persons who install, repair, maintain, etc. – Supplement Form attached.
- \_\_\_\_\_ Location List – names of all cities, towns, and municipalities in Arizona where you do business.
- \_\_\_\_\_ Copy of Articles of Incorporation (if company is incorporated)
- \_\_\_\_\_ Copy of Contractors License (unless Handyman Clause applies)
- \_\_\_\_\_ Copy of State Transaction Privilege Tax License (issued by Arizona Department of Revenue)
- \_\_\_\_\_ Copy of City of Chandler Transaction Privilege Tax License (call 480-782-2280 to obtain an application)
- \_\_\_\_\_ Copy of current Primary Alarm Business License from one of the following cities: Phoenix or Mesa
- \_\_\_\_\_ Fees: **\$75.00** New Application Fee (Check must be made payable to the Chandler Police Department)

**COMPLETED APPLICATION, FINGERPRINT CARD, PHOTOS, PROOF OF AGE, AND FEES MUST BE BROUGHT IN OR MAILED TO:**

**CHANDLER POLICE DEPARTMENT  
Field Operations Division/Alarm Unit  
Mail Stop 303  
PO Box 4008  
Chandler, AZ 85244-4008**



**Chandler • Arizona**

*Where Values Make The Difference*

**STAFF USE ONLY**

Alarm Business License Number: \_\_\_\_\_

☐ Primary Alarm Business

☐ Reciprocal Alarm Business

City Sales Tax Lic. # \_\_\_\_\_

State Privilege Tax Lic. # \_\_\_\_\_

**CHANDLER POLICE DEPARTMENT ALARM BUSINESS LICENSE APPLICATION**

1. Name of Alarm Business ("dba"):

2. Application Date

/ /

3. Business Address:

4. Mailing Address (for licensing correspondence):

\_\_\_\_\_  
*Street Address (include suite number, if any)*

\_\_\_\_\_  
*Street Address or P.O. Box*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Business Phone*

5. Who owns the alarm business?

(If an individual, please list full name including middle name and any suffix such as Jr., Sr. or III)

(If a corporation, partnership, LLC or other legal entity, list company name exactly as it appears on organizational documents):

6. Business Type (please check one):

- ☐ Individual                      ☐ Corporation  
☐ General Partnership        ☐ Limited Liability Company  
☐ Limited Partnership  
☐ Other (please specify) \_\_\_\_\_

7. If any Business Type other than Individual:

Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

***A copy of the business formation documents (Articles and Bylaws or similar documents) must be submitted with this application.***

8. List the name and title of each "**Financially Interested or Officer/Controlling Person**" as defined in Chandler City Ordinance 3042, section 24-6.2: (If any "**Financially Interested or Officer/Controlling Person**" is a corporation or legal entity, list below and attach a list of all "**Financially Interested or Officer/Controlling Person**" of that entity)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If any Business Type other than Individual, please designate an individual "**Financially Interested or Officer/Controlling Person**" residing in Arizona to act as Responsible Managing Officer (this person will need to sign this application, and will be the main point of contact between the alarm business and the City, including the Police Department for all false alarm or code violation issues.):

\_\_\_\_\_  
Name (printed) Telephone Number (\_\_\_\_)\_\_\_\_\_

**Applicant Information: (for any legal entity, attach an additional sheet for each “Financially Interested or Officer/Controlling Person”)**

10. Full Name:	11. Other names or aliases (including maiden name):
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12. Current Residence Address:	13. Previous Residence Addresses for 5 years (with dates):
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14. Current Business Address:	15. Previous Employment for 5 years (with addresses and dates):
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16. Home Telephone Number: (include area code)	17. Message number:(include area code)
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18. Facsimile Number, if any: (include area code)	19. E-Mail Address, if any:
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20. Date of Birth:	21. Height:	22. Weight:	23. Hair Color:	24. Eye Color:
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**25. *Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.***

Type of I.D.: \_\_\_\_\_ I.D. Number: \_\_\_\_\_ Expires: \_\_\_\_\_

**26. Have you or any business for which you were a “Financially Interested or Officer/Controlling Person” ever had an alarm business, alarm agent or similar license refused, denied, canceled, suspended or revoked?**

☐ Yes ☐ No If “Yes”, please list the reason(s) for such action, along with the date and jurisdiction:

**27. Have you ever been convicted of any crime, excluding minor civil traffic offenses, or are you currently pending trial or other court proceeding for any criminal offense? FAILURE TO ANSWER TRUTHFULLY WILL RESULT IN A DENIAL OF YOUR APPLICATION.**

☐ Yes ☐ No (If “No”, initial here \_\_\_\_\_ )

If “Yes”, please describe:

28. Applicant Signature: \_\_\_\_\_ Corporate Title (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE -- FOR STAFF USE ONLY**

Agent List	Location List	Corp Docs	Contractor License	State PLT	Copy of Primary License	Proof of Age	Photos	Fingerprints	App. Fee	Staff Initials
<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>	

Departmental Recommendation: ☐ Approved ☐ Denied

Police Employee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Information for Additional “Financially Interested or Officer/Controlling Person”****Business Name:** \_\_\_\_\_

1. Full Name:		2. Other names or aliases (including maiden name):		
3. Current Residence Address:		4. Previous Residence Addresses for 5 years (with dates):		
5. Current Business Address:		6. Previous Employment for 5 years (with addresses and dates):		
7. Home Telephone Number: (include area code)		8. Message number:(include area code)		
9. Facsimile Number, if any: (include area code)		10. E-Mail Address, if any:		
11. Date of Birth:	12. Height:	13. Weight:	14. Hair Color:	15. Eye Color:

**16. *Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.***

Type of I.D.: \_\_\_\_\_ I.D. Number: \_\_\_\_\_ Expires: \_\_\_\_\_

**17. Have you or any business for which you were a “Financially Interested or Officer/Controlling Person” ever had an alarm business, alarm agent or similar license refused, denied, canceled, suspended or revoked?**

☐ Yes      ☐ No      If “Yes”, please list the reason(s) for such action, along with the date and jurisdiction:

**18. Have you ever been convicted of any crime, excluding minor civil traffic offenses, or are you currently pending trial or other court proceeding for any criminal offense? FAILURE TO ANSWER TRUTHFULLY WILL RESULT IN THE DENIAL OF YOUR APPLICATION.**

☐ Yes      ☐ No      (If “No”, initial here \_\_\_\_\_ )

If “Yes”, please describe:

19. Applicant Signature: \_\_\_\_\_ Corporate Title (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE -- FOR STAFF USE ONLY**

Proof of Age	Photos	Fingerprints	Staff Initials
Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	

Departmental Recommendation:      ☐ Approved      ☐ Denied

Police: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## LOCATION LIST

Please include all cities, towns, or municipalities in Arizona where you plan to do business.



## Alarm Business License Application Supplemental Sheet

Alarm Business Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Alarm Business License Number \_\_\_\_\_

### Alarm Agents Employed or Contracted:

Name of Agent \_\_\_\_\_ Cancel Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Business Phone: \_\_\_\_\_

If Contracted – Agent's Business Name: \_\_\_\_\_

Name of Agent \_\_\_\_\_ Cancel Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Business Phone: \_\_\_\_\_

If Contracted – Agent's Business Name: \_\_\_\_\_

Name of Agent \_\_\_\_\_ Cancel Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Business Phone: \_\_\_\_\_

If Contracted – Agent's Business Name: \_\_\_\_\_

Please add these people to my file as alarm agents.

\_\_\_\_\_  
Alarm Business Owner, Agent, or Manager Signature